

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/531117

FILING DATE

APPLICANT

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2		1				
3		2				
4		2				
5		2				
6		2				
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28		2				
29		2				
30		2				
31	1		1			
32		1		1		
33		2		1		
34		2		1		
35		2		1		
36		2		1		
37		2		1		
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41		2		1		
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44		2		1		
45		2		1		
46		2		1		
47		2		1		
48		2		1		
49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	46	←		←
TOTAL CLAIMS			48			

BEST AVAILABLE COPY

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						